



**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM**

FFY 2018 APPLICATION SUBMISSION

ACYF-CB-PI-04

I. SUBMISSION LETTER

The submission letter accompanies the North Carolina Department of Health and Human Services' application for the Community-Based Child Abuse Prevention grants for the state of North Carolina. The letter includes a description of the lead agency responsible for the administration of funds and oversight of the Community-Based Child Abuse Prevention program and other prevention activities.

II. LEAD AGENCY IDENTIFYING INFORMATION

Applicant

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III. GOVERNOR DOCUMENTATION AND ASSURANCES

The North Carolina Department of Health and Human Services (NCDHHS) is designated as the state lead agency for the administration of the Community-Based Child Abuse Prevention (CBCAP) funding. As required, the following documents are included in this application:

- Lead Agency Designation Letter (as indicated in the Submission Letter signed by the Governor)
- State Chief Executive Officer's Assurance Statement

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IV. LEAD AGENCY ASSURANCES

As the lead agency, NCDHHS assumes the obligations imposed by the terms and conditions of the CBCAP grant award. The State Lead Agency Assurance is included in this application.

V. LEVERAGED CLAIM FORM

In accordance with the Child Abuse Prevention and Treatment Act (CAPTA), Section 203(b) (1) (B), documentation of funds leveraged for the period of October 1, 2016 to September 30, 2017 is included in this application.

VI. BUDGET

- **Format budget to clearly display line-item expenditures for both Federal and non-federal funds**
- **Must include 20% Cash Match (state or private funds) The 20% match should be determined based on the population-only portion of the formula**
- **Must include funds for at least one staff member to attend a 2-5-day Federal Mandatory CBCAP Contractors Meeting**
- **Up to 20% of available funds may be budgeted for administrative purposes**

NCDHHS will use CBCAP funds during the period of July 1, 2018 to June 30, 2019 to award competitive contracts for direct Children’s Trust program services and to execute a contract with Prevent Child Abuse North Carolina to support prevention-focused activities.

The total CBCAP funds obligated for services during the period of July 1, 2018 to June 30, 2019 will be covered by the FFY 2016 and FFY 2017 awards. The FFY 2018-2019 award will be applied to services once the FFY 2016 and FFY 2017 awards have been liquidated. The line item expenditures are projections only.

The non-federal funds used to meet the twenty percent (20%) cash match requirement and to support the prevention focused community-based programs and activities will come from state appropriations for Smart Start. These programs assist communities in strengthening families and by providing primary prevention services, thereby decreasing child abuse and neglect.

<input checked="" type="checkbox"/> Administrative Expenses do not exceed 20% of total costs			
<input checked="" type="checkbox"/> Travel to CBCAP Contractors Meeting is included			
Expenditures	Federal Funds \$	Non-Federal \$	Total \$
Prevent Child Abuse	\$630,000	\$157,500	\$787,500
Direct Service Contractors	\$582,096	\$145,524	\$727,620
Administrative Funds	\$34,808	\$8,702	\$43,510
Totals	\$1,246,904	\$311,726	\$1,558,630

VII. DESCRIPTION OF THE LEAD AGENCY'S LEADERSHIP ROLE IN STATE PREVENTION ACTIVITIES

- **Describe the role of the Lead Agency and how it is leading the child maltreatment prevention activities in the State.**

NCDHHS provides essential services to improve the health, safety, and well-being of all North Carolinians. NCDHHS designates responsibility for CBCAP administration to the North Carolina Division of Social Services (NCDSS) which is the state's title IV-B and title IV-E child welfare agency. This includes responsibility for the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR) of title IV-B, subparts 1 and 2 of the Social Security Act; Child Abuse Prevention and Treatment Act (CAPTA); Comprehensive Addiction and Recovery Act (CARA); Chafee Foster Care Independence Program (CFCIP); and Education and Training Voucher (ETV) Program. NCDSS also provides oversight of the Social Services Block Grant (SSBG) and Temporary Assistance to Needy Families (TANF) programs. NCDSS is leveraging these programs and activities to strengthen prevention activities across the child-serving system wherever possible.

NCDHHS is also leveraging work from other various divisions under its authority to support the work of child abuse prevention. These include prevention activities of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), the Division of Public Health (DPH), the Division of Medical Assistance (DMA), the Division of Health Benefits (DHB), and the Division of Child Development and Early Education (DCDEE), among others. Key collaborations across various divisions under NCDHHS authority supporting child abuse prevention include, but are not limited to:

- NCDSS is working with NCDMA to help ensure adult victims of child abuse have access to full Medicaid benefits if eligible. This increases the likelihood of maximizing the well-being of these former foster youth and preventing intergenerational maltreatment.
- NCDSS collaborations with NCDPH to promote the Care Coordination for Children (CC4C) Program. CC4C is an at-risk population management program that serves children from birth to 5 years of age with risk of maltreatment. The main goals of the program are to improve health outcomes, connect families to services, support children reaching their developmental potential, and help prevent maltreatment.
- NCDSS collaborates DMH/DD/SAS to support the North Carolina Child Treatment Program (NC-CTP) which trains clinicians in several evidence-based, trauma-informed treatments. NC-CTP maintains a roster of clinicians by county for increased access to timely services. These treatment models, which cover ages 0-21, help to mitigate the effects of child maltreatment and prevent future maltreatment.
- NCDSS is collaborating with DHB on a Specialty Plan for the foster care population within Medicaid Transformation and with NCDCDEE on an Early Childhood Action Plan.

As the lead CBCAP agency and the child welfare agency for the state, NCDSS partners closely with these other state-level, child-serving systems to maximize prevention efforts. Highlights of several of these collaborative prevention efforts are summarized in the Collaboration section (Section IX) of this application.

NCDSS also leads its child maltreatment prevention activities through the administration and support of the North Carolina Child Fatality Prevention System and the Community Child Protection Teams; the work of the North Carolina Child Welfare Family Advisory Council; a collaborative partnership with Prevent Child Abuse North Carolina (PCANC); the public and private funder network; and the direct funding and technical assistance to community based agencies providing family strengthening and support services. NCDSS child maltreatment prevention program includes three core funding streams including Promoting Safe and Stable Families/IV-B2, Children's Trust donations, and CBCAP) as well as three distinct program areas (Community Response Programs, Respite Services, and direct services referred to as Children's Trust Programs).

North Carolina Child Fatality Prevention System

The North Carolina Child Fatality Prevention System, established under Article 14 of the Juvenile Code, North Carolina General Statute 7B-1400-1414, provides structure to our community approach for the prevention of child abuse and neglect. Its framework helps North Carolina better understand and report the causes of child deaths, identify gaps in services to children and families, and make and implement recommendations for changes to laws, rules, and policies to prevent future child deaths, especially those from abuse and neglect.

The North Carolina Child Fatality Prevention System contains four components:

- North Carolina Child Fatality Task Force
- State Child Fatality Prevention Team
- Local Child Fatality Prevention Team
- Community Child Protection Team

The purpose of the Community Child Protection Team (CCPT) – multidisciplinary teams in all 100 counties – includes identifying gaps and deficiencies with the child protection system, increasing public awareness of child protection in the community, advocating for system changes and improvements, assisting the county director in protection of living children, and developing strategies to ameliorate child abuse and to promote child well-being at a local and state level. The local CCPTs are supported by staff at NCDSS. Additionally, a state-level CCPT Advisory Council helps to provide analysis of data from the 100 CCPTs and synthesizes recommendations to NCDSS regarding needed improvements to reduce child abuse and neglect.

North Carolina Child Welfare Family Advisory Council

North Carolina developed a family engagement and leadership model as part of its 2015 Child and Family Services Review, Program Improvement Plan. Known as the North Carolina Child Welfare Family Advisory Council the model includes a state-level council to provide parents opportunities to be full partners in the planning, implementation, and evaluation of services as required by federal legislation. The state-level council is comprised of adults with former experience with the child welfare system, biological parents who have received child protection services, foster parents, adoptive parents and kinship parents.

The model also includes state support for the pilot implementation of three (3) county-level family engagement committees (FEC). The FECs are comprised of biological parents with current or past involvement in the child welfare system to discuss and implement strategies to improve family engagement, safety and permanency for children. FECs are currently being implemented in Durham, Forsyth and Richmond counties.

Launched in April 2018, the purpose of CWFAC is to promote and support the involvement of families at case practice, policy, and system levels. The CWFAC will become an integral part of informing how NCDSS will lead prevention activities across the state.

Prevent Child Abuse North Carolina and the Prevention Network (PCANC)

To promote and implement the shared values of the network of public and private agencies, NCDSS contracts with PCANC to help direct and support the networks of coordinated child abuse prevention resources and activities to strengthen families. The three primary goals of the partnership with PCANC are:

1. To increase successful replication of evidence-based programs and practices to prevent child maltreatment and strengthen families;
2. To influence social norms that strengthen families and promote healthy child development; and
3. To promote for effective policies that support healthy families and positive child outcomes.

Public and Private Funder Network

North Carolina maintains a collaborative network of public and private funders and stakeholders who engage in broad systems-level child maltreatment prevention work. The purpose is to enhance fiscal and implementation support to programs delivering evidence-based and evidence-informed programming to improve outcomes for children and families. Shared values across network members include:

- Investing in evidence-based programs is not only wise, but also an ethical investment.
- Collaboratively supporting specific evidence-based programs will yield greater impact for funders and for communities.
- Scaffolding is vital to the successful implementation of evidence-based programs.
- Creating efficiencies and eliminating duplication of services.

Children's Trust, Respite, and Community Response Programs and Services

NCDSS prevention continuum includes Children's Trust, Respite, and Community Response programs and services designed to strengthen and support families to prevent child abuse and neglect. These programs and services are accessible, effective, culturally appropriate, and build upon existing strengths to:

- Offer early, comprehensive educational and resource assistance to families.
- Promote the development of parenting skills and knowledge of child development.
- Increase family stability by improving and maintaining support systems for families and their children, especially for families with children with disabilities.
- Provide referrals to early health and developmental services.
- Demonstrate a commitment to meaningful involvement of caregivers in program planning, implementation, improvement, and system change efforts.
- Demonstrate a local network through their involvement with local boards, advisory councils, and work groups that focus on increasing protective factors in families and on reducing risk factors that contribute to child neglect and abuse.
- Promote the development of communities that value and support self-sufficient and nurturing families.

In 2018-2019, Children's Trust, Respite, and Community Response contractors will be required to promote the sale of Kids First license plates, which is one of the revenue streams for the Children's Trust Fund. Revenues will be used to sustain and/or increase community-based child abuse prevention programs.

VIII. ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

- **A description of the actions that the CBCAP lead agency will take to advocate systemic changes in state policies, practices, procedures and regulations to improve the delivery of community-based child abuse and neglect prevention programs and activities.**
- **Explain how the state plans to continue or to begin conducting prevention planning efforts and how these efforts will be integrated with other strategic planning efforts in child welfare, early childhood, or other related systems. Examples may include the CBCAP lead agency's anticipated involvement in the program implementation plan (PIP), other title IV-B planning activities, such as the child and family services plan (CFSP), network activities and other related interagency systems change efforts, as applicable.**

During 2018-2019, NCDSS will engage in several statewide systemic change efforts involving child welfare and the prevention service array network.

State and Federal Legislative Impact

- *North Carolina Child Welfare Reform*: Enacted in 2017, the Family and Child Protection and Accountability Act (*House Bill 630/S.L. 2017-41*) will serve as the foundation for changes in how NCDSS and the 100-county department of social services offices serve children and families.

The law creates a structure of regional supervision of counties and directs a third-party organization to evaluate, then develop a new vision and strategic direction for social services. The strategic direction will address leadership and governance at the state and regional levels, improving outcomes for children and families throughout social services. The law requires development of a child welfare reform plan that make recommendations in ten (10) areas of child welfare administration and service provision which includes improvements to child fatality oversight, enhancements to preventive and in-home services and the implementation of a statewide, trauma informed, culturally competent child welfare practice framework.

As it relates to prevention, the plan must address how NCDSS will incorporate more evidence-based practices, including prevention services designed to reduce the number of children entering foster care. While the federal CBCAP funding supports families and systems prior to child welfare involvement, NCDSS will use the CBCAP conceptual framework and its experience in successfully implementing and scaling evidence-based programs to inform strategies in response to prevention-focused reform recommendations.

- *Families First Prevention Services Act (FFPSA)*: This law transforms various aspects of the child welfare system. Specifically, this legislation will inform NCDSS strategic investments in child maltreatment prevention across the entire child welfare continuum. North Carolina's written prevention plan under FFPSA will expand the CBCAP annual plan by allowing for the federal financing of tertiary prevention programs to prevent out of home placement. Its aim to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training allows NCDSS to draw upon its organization structure and prevention/treatment frameworks for the implementation of evidence-based and trauma informed services.
- *Triple P Statewide Implementation*: In SFY 2018, the North Carolina General Assembly allocated \$1,975,000 in recurring state funds to NCDSS to support the implementation of Triple P as a part of its child welfare strategic improvement efforts (*Senate Bill 257 - Session Law 2017-57 Section 11C.7.(a)*).

The Triple P system of interventions offers evidence-based parenting and family support strategies designed to reach all families for community wide impact. Triple P is currently being implemented in 25 countries around the world and its success is due, in part, to its public health approach to serving families. This is accomplished by offering families varying intensities of support across flexible delivery formats (e.g., individual, group, online), in several different settings (i.e., healthcare settings, school systems, private practice). When the system of interventions is saturated in a community, large and favorable effects are demonstrated relative to population-level on (1) child abuse and neglect, (2) out-of-home foster care placements, and (3) emergency department visits indicating child injury.

NCDSS, NCDPH and The Duke Endowment are investing in the scaling-up of the Triple P system of interventions statewide. Currently, there are 46 counties with Triple P coalitions, with plans for expansion to all 100 counties in 2018-2019. The Triple P statewide leadership team guiding this process also includes Triple P America, Prevent Child Abuse North Carolina, and the Impact Center at UNC Frank Porter Graham Child Development Institute.

With its partners, NCDSS has initiated a year-long strategic planning and evaluation process through June 30, 2019 to inform the governance, resource allocation, and delivery support systems needed to ensure effective implementation and sustainability of Triple P in communities so as to impact population level child welfare outcomes.

Child and Family Services Plan/Annual Progress and Services Report (CFSP/APSR)

As the lead child welfare agency in North Carolina, NCDSS is responsible for the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR). In the coming year, NC DSS will include CBCAP-funded programs in the development of its CFSP for 2020-2024 and respective APSR. The state and federal legislation outlined above will inform the strategies delineated in the CFSP, specifically around prevention programming. To improve the delivery of community-based programs and activities, NCDSS will take additional steps to educate stakeholders on the impact of Adverse Childhood Experiences (ACEs) and develop trauma-informed programming.

Program Improvement Plan (PIP)

NCDSS is the lead child welfare agency in the state. In this role NCDSS is responsible for the outcomes of safety, permanency, and well-being for children served by the child welfare system. In 2015, North Carolina participated in a Federal Child and Family Services Review (CFSR) and subsequently entered into a Program Improvement Plan (PIP) with the Children's Bureau.

NCDSS leveraged the PIP to develop a Family Engagement and Leadership model to strengthen its capacity to sustain meaningful involvement of parent consumers to provide leadership in the planning, implementation, and evaluation of NCDSS programs and policy decisions. Additional details of this effort are in section XII of this report (Plans for Parent Leadership and Family Involvement). As part of the PIP, NCDSS also strengthened its policy manual which provides additional clarification and guidance regarding quality family engagement strategies.

NCDHHS Priority Areas

NCDHHS has several systemic change efforts underway that will aim to improve the delivery of community-based child abuse and neglect prevention programs and activities.

Early Childhood Action Plan

NCDHHS will develop a statewide *Early Childhood Action Plan* designed to give North Carolina children a healthy start and to develop their full potential in safe and nurturing families, schools, and communities. Focusing on young children from the prenatal period to 8 years old, the plan will address strategies to improve children's health, safety, well-being, school readiness, and education. The *Early Childhood Action Plan* will be developed with public and private partners, community stakeholders, and the prevention community. Building on current collaborations, and with brain and developmental science as its foundation, the *Early Childhood Action Plan* will ultimately strengthen and support families and help to prevent child abuse and neglect.

Medicaid Transformation

Medicaid reform will move North Carolina from a free-for-service physical health system to a managed care system that integrates both physical and behavioral health. Medicaid Transformation will also address several key social determinants of health including food insecurity, unmet transportation needs, housing insecurity, and intimate partner violence. These social determinants of health typically correspond to the family risk and protective factors for child maltreatment and children's well-being. The overall goal of

Medicaid Transformation is to improve access, availability, and quality of integrated health care, which will support meeting a family’s concrete needs in a culturally competent manner.

Opioid Action Plan

In response to the opioid crisis, NCDHHS developed a multi-systemic, comprehensive *Opioid Action Plan* that involves strategies regarding prevention, treatment, prescriptions, law enforcement, and legislation. Substance use disorder has been a contributing factor in the increase of North Carolina’s foster care population; therefore, the *Opioid Action Plan* may mitigate risk to families and ultimately prevent additional child maltreatment.

In addition, NCDHHS’ Opioid Action Plan offers opportunity for deeper connections to primary and secondary prevention strategies using evidence-based and evidence-informed programs and practices. There are multiple conversation entry points for prevention strategies in addressing the opioid epidemic including investments in primary prevention versus overdose death prevention. Prevention Science is a field with an extensive body of knowledge that shows greater effectiveness – when addressing substance use disorders across the lifespan – when services are risk and protective focused versus substance-specific.

Leveraging Existing Programming to Strengthen Prevention Activities

NCDHHS will leverage several cross-system efforts already underway to further improve the delivery of community-based child abuse and neglect prevention programs and activities.

Social Determinants of Health

NCDHHS is committed to addressing Social Determinants of Health (SDoH) as a component of overall health including food insecurity, housing instability, unmet transportation needs, and interpersonal violence. Data shows up to 70% of a person’s overall health is driven by social and environmental factors and the individual’s behavior influenced by them. NCDHHS is developing a standardized set of screening questions for these SDoH and will work with partners to create a North Carolina Resource Platform that can connect people who screen positive for an unmet resource need with available community resources. By meeting a family’s unmet food, housing, or transportation needs or by addressing unsafe living environments, North Carolina can mitigate the risks of child maltreatment.

NCDSS is addressing SDoH in its prevention service array, predominately through the Community Response Program. Community Response Programs are intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families who have been reported to county social services agencies, child protection services, but whose cases have been screened out at intake, closed with a decision of services recommended, or closed with a decision of no services needed, after an initial assessment. The program requires an allocation of flex funds to assist families in crisis and to ensure that families have access to supports and services to meet their basic needs, including economic support, benefits access, employment coaching, and financial literacy programming. Community Response Program is described in greater detail in Section X of this plan.

Trauma-Informed, Trauma-Responsive Communities

North Carolina has many state-level initiatives and child-serving systems that are committed to becoming more trauma-informed and developing trauma-responsive programming which will be leveraged to prevent child maltreatment. NCDSS is disseminating a trauma screening tool to assist public and private agencies in identifying trauma exposure and to help inform case work practice, placement decisions, and treatment options. All child maltreatment prevention providers are learning more about trauma-informed programming and most evidence-based models employed in North Carolina are considered trauma-informed.

Infant Plan of Safe Care Programming and Collaboration

Public Law 114-198, also known as the Comprehensive Addiction and Recovery Act of 2016 (CARA), was a response to the nation's prescription drug and opioid epidemic and addresses various aspects of substance use disorders. Section 503 of CARA (Infant Plan of Safe Care) aims to help states address the effects of substance abuse disorders on infants and families by amending provisions of the Child Abuse Prevention and Treatment Act (CAPTA) that are pertinent to infants with prenatal substance exposure. The North Carolina Plan of Safe Care Interagency Collaborative (POSCIC) was formed in 2017 in response to this legislation. The purpose of the POSCIC is to create a state-specific policy agenda and action plan to address and implement the provisions of CAPTA amended by CARA and to strengthen the collaboration across systems to address the complex needs of infants affected by substance use and their families. Partners include NCDSS and its sister Divisions of Mental Health, Developmental Disabilities and Substance Abuse Services, Public Health and Medical Assistance, the North Carolina Association of County Directors of Social Services, Community Care of North Carolina, North Carolina Hospital Association, North Carolina Obstetrics and Gynecological Society and the North Carolina Commission on Indian Affairs.

Members of the POSCIC have been working collaboratively to provide technical assistance and support to stakeholders impacted by the legislation. POSCIC delivers monthly state-wide conference calls led by NCDPH to inform health care providers of the policy, answer any questions regarding the delivery of services and to receive feedback regarding implementation.

Additionally, POSCIC meets monthly to review the data collected on the number of substance-affected infants and to provide stakeholders an opportunity to share concerns and successes regarding the delivery of services to this population. Through this monitoring process, the POSCIC is able determine gaps and needs and to develop a plan of intervention and support as needed.

Project NO REST

NCDSS is partnering with the University of North Carolina (UNC) at Chapel Hill to identify and address necessary system improvements for protection and service provision to children and youth who have been trafficked or are at risk of being trafficked. UNC's Project NO REST (North Carolina Organizing and Responding to the Exploitation and Sex Trafficking of Children) is a collaborative effort funded by Administration for Children and Families (ACF) to increase awareness of human trafficking affecting children and youth involved in the child welfare system in North Carolina. Other key partners on the project include county social service agencies, child advocacy centers, attorneys, and experts from the fields of education, mental health, sexual assault, law enforcement, and child maltreatment prevention agencies. North Carolina-based runaway and homeless youth federal grantees and various non-profit anti-human trafficking agencies which focus on victim services and advocacy are also involved.

Project NO REST helps to prevent human trafficking through robust community awareness activities designed to help the public identify those at risk of being trafficked. NCDSS is working closely with prevention experts of the Project NO REST collaborative to ensure the child welfare workforce understands the complexities of human trafficking, can recognize the signs of trafficking, and can intervene early. This collaboration supports NCDSS in identifying state policies, practices, and procedures needed to improve the delivery of community-based child abuse and neglect prevention programs and activities regarding human trafficking issues.

In the upcoming year, NCDSS will work with Project NO REST to identify practice models to provide long-term services to survivors of trafficking, and will work with Project NO REST pilot sites to strengthen community-based agencies collaboration with local child welfare agencies.

NCDSS recognizes that human trafficking is a complex problem requiring a multi-disciplinary response at the local, state, and national level. To achieve a robust statewide, multi-disciplinary response to and prevent the trafficking of children, NCDSS needs to conduct strategic, long-term, and outcome focused planning. These efforts must include the connection of prevention service array network with statewide efforts to raise awareness and an increase identification in the of children and youth who have been trafficked or are at risk of being trafficked.

Leveraging the foundational work of Project NO REST and the child maltreatment prevention community, NCDSS anticipates developing a long-term, outcome-focused plan for the prevention of and response to the trafficking of children that will:

- Increase NCDSS contractor’s awareness of human trafficking and strengthen their ability to identify children and youth who are being trafficked or are at risk of being trafficked.
- Increase NCDSS contractor’s understanding of child welfare policies and procedures related to intake, screening, and assessment of child abuse, neglect, and dependency reports – including reports of human trafficking.
- Strengthen identification and dissemination of cross-training opportunities for local child welfare agencies, NCDSS contractors, law enforcement agencies, and other stakeholders who are integral to the prevention of and the response to abuse, neglect, and trafficking of children.
- Develop and implement a plan for the collection, analysis, and effective use of data regarding human trafficking.
- Develop an implementation guide, resources, and tools communities can use to develop local plans to prevent and respond to child trafficking and child maltreatment.

Additionally, NCDSS will engage in several improvements to state policies and training to strengthen the delivery of community-based child abuse and neglect prevention programs and activities such as:

- Update and publish child welfare intake policies to more accurately identify suspected cases of human trafficking during the CPS reporting process.
- Update and publish child welfare policies and practice guidance including assessing and providing services to children and youth who have been trafficked.
- Develop an online, high-level overview course for child welfare staff that explains the fundamentals of human trafficking and explain how to identify children and youth who have been trafficked or are at risk of being trafficked.
- Develop two additional intensive online courses for child welfare staff, in partnership with Project NO REST, to help professional staff to assess and provide comprehensive services for children who are victims of human trafficking.

IX. COLLABORATION AND COORDINATION

- **Describe the extent and nature of the CBCAP lead agency’s existing and/or future partnerships and collaborations with other Federal, State, local, or private efforts and how they intersect with the State’s child maltreatment prevention programs and activities.**
 - **Examples may include current or anticipated participation in the Child and Family Services Review (CFSR), PIP, CFSP, or other title IV-B programming, as well as collaborations with Early Childhood Comprehensive Systems, Strengthening Families initiatives, Early Head Start, or Head Start. Other examples are listed in the introduction of the PI, as well as Attachments 4 and 5).**
- **Highlight how the CBCAP lead agency’s work may be anchored and connected to established prevention and promotion activities in public health or other human services. The report should**

include information about strength of the collaborations and coordination efforts, the nature and quality of those relationships and what other impacts these connections and partnerships have made.

Please check all collaborations/partnerships that apply:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> CFSR/PIP | <input checked="" type="checkbox"/> Strengthening Families, Head Start | <input checked="" type="checkbox"/> Substance Abuse |
| <input checked="" type="checkbox"/> IV-B/PSSF | <input checked="" type="checkbox"/> Early Head Start | <input checked="" type="checkbox"/> Project Launch |
| <input checked="" type="checkbox"/> CFSP | <input checked="" type="checkbox"/> Maternal, Infant, and Early Childhood Home Visiting | <input checked="" type="checkbox"/> Public Health/ACES |
| <input checked="" type="checkbox"/> APSR | <input checked="" type="checkbox"/> Mental Health | <input checked="" type="checkbox"/> Business Community |
| <input checked="" type="checkbox"/> Early Childhood | <input checked="" type="checkbox"/> Other systems – please describe in your narrative | |

NCDSS values working in partnership with public and private agencies, families, and other disciplines to achieve common goals. During 2018-2019, NCDSS will continue collaborations and partnerships with several existing state or national committees and workgroups to strengthen and inform its prevention work. NCDSS staff members will participate in the following councils, planning committees, and/or workgroups to inform and integrate prevention across North Carolina.

North Carolina Early Childhood Advisory Council (ECAC)

The ECAC was reestablished via Executive Order by Governor Cooper in February 2018. The ECAC will establish a shared early childhood action plan for youth children birth-to-age-eight. It will incorporate benchmarks, strategies, and recommendations from multiple sources and initiatives; create an early childhood action plan; support aligned activities, evidence-based practices and innovation; promote shared measurement and measurement practices; build public will; advance policy; and mobilize funding.

North Carolina State Collaborative for Children, Youth and Families

The North Carolina Collaborative for Children, Youth and Families is a forum for collaboration, advocacy, and action among families; public and private child, youth and family serving agencies; and community partners to improve outcomes for all children, youth and families in the state. It serves as a NCDSS stakeholder body for the Child and Family Services Plan. The Collaborative is co-chaired by a family partner. Several of North Carolina's child-serving agencies, such as the Department of Public Instruction, the Department of Public Safety (Juvenile Justice), and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services are participating members of the Collaborative.

National Alliance for Children's Trust and Prevention Funds

NCDSS is a member of the National Alliance for Children's Trust and Prevention Funds. The Alliance is a national membership organization that supports and strengthens state Children's Trust and Prevention Funds, as well as providing collaboration opportunities for states. They help to promote awareness of the importance of strengthening families to prevent child abuse and neglect, advocate for increased public and private funding for community-based child abuse and neglect prevention activities and collaborate with other national child abuse prevention organizations to help ensure the safety and well-being of children throughout the country. All staff from NCDSS contracted child maltreatment prevention agencies are required to complete the Alliance's online training course - *Bringing the Protective Factors Framework to Life in Your Work: A Resource for Action*. In June 2018, NCDSS will sponsor a train-the-trainer event for this course for approximately 30 staff. Since North Carolina currently only has four trainers, this will significantly improve the state's ability to spread the Protective Factors Framework and strengthen family support services in North Carolina.

Essentials for Childhood Programming and Collaboration

North Carolina is one of five states awarded a five-year grant *Implementation of Essentials for Childhood (E4C): Safe, Stable, Nurturing, Relationships and Environments (SSNRs & Es)* from the Centers for Disease Control and Prevention (CDC). North Carolina Essentials for Childhood (NCE4C) uses public health and collective impact approaches to align and enhance collaborative efforts across systems, leveraging existing assets and resources which mitigate the effects of adverse childhood experiences and support healthy family development. While funding from the CDC ends on August 31, 2018, the Division of Public Health (NCDPH) and partners (including NCDSS) have developed a sustainability plan through the reconvening of the North Carolina Institute of Medicine Task Force on Essentials for Childhood.

NCDSS is a required partner in this initiative, serving on the steering committee and working groups to inform strategic planning and decision making for the initiative. NCDSS participates with NCDPH and other key stakeholders in monthly technical assistance calls with the CDC and attends grantee meetings at the CDC. NCE4C strategies in 2018-2019 will focus on strengthening economic supports and changing social norms to support parents and positive parenting as well as build upon the NCDHHS Early Childhood Action Plan.

North Carolina Interagency Coordinating Council - Early Intervention Programs through IDEA, Part C

The North Carolina Interagency Coordinating Council (ICC) brings policy makers, service providers, and parents together. It serves young children with disabilities and developmental delays, as well as their families. Its members work to ensure that the supports and services offered to families are in line with their needs. The council advises and assists in making policy related to early intervention services; assists with evaluation of services; supports interagency agreements; identifies services that are right for infants, toddlers and preschoolers; and supports and guides local Interagency Coordinating Councils. The ICC strengthens collaboration across public health and social services by promoting early detection of developmental disabilities and delays and by connecting at-risk families to preventative services.

North Carolina Council on Developmental Disabilities (NCCDD)

NCCDD is dedicated to empowering people with intellectual and other developmental disabilities (I/DD) by supporting self-advocacy, independence, and the right to self-determination. The Council promotes advocacy development, community living, and financial asset development so people with I/DD have options to make choices about work, where to live, friendships, taking part in the various activities of their community and other personally defined outcomes. NCDSS is a member of the Council and collaborates on various projects and initiatives.

North Carolina Pathways to Grade-Level Reading Project

The North Carolina Pathways to Grade-Level Reading Project has created partnerships among the state's early learning and education, public agency, policy, philanthropic, and business leaders to define a common vision, shared measures of success, and coordinated strategies that support children's optimal development beginning at birth. Its vision is that all North Carolina children, regardless of race, ethnicity or socioeconomic status, are reading on grade level by the end of third grade, so that they have the greatest opportunity for life success. Metrics have been determined in three key areas: 1) Health and Development on Track, Beginning at Birth; 2) Supported and Supportive Families and Communities; and 3) High-Quality Birth to Eight Learning Environments and Regular Attendance.

North Carolina Lifespan Respite Project

North Carolina's Lifespan Respite Project is being led by the NCDHHS Division of Aging and Adult Services (NCDAAS) in collaboration with the North Carolina Respite Care Coalition (NCRCC) and other key partners. The project seeks to enhance and expand the quality and availability of lifespan respite services for all age groups via consumer and provider education and informational activities; volunteer and provider training; and resource development.

For 2018-2019, North Carolina's Lifespan Respite Project has identified the following recommendations and action steps that may reduce stress to caregivers, thereby reducing the likelihood of child maltreatment:

- Administer a statewide respite voucher program to provide respite vouchers to family caregivers of persons of all ages in need of a temporary break in their care of a loved one.
- Develop an awareness and advocacy agenda for respite initiatives that can accompany other ongoing advocacy efforts.
- Continue to promote online training modules, "Planning and Using Respite Across the Lifespan," as well as publications for organizations interested in starting a respite program using volunteers.
- Develop a formal partnership with United Way 211 to develop training and implement a protocol for 211 Call Center staff to more fully assist family caregivers of persons with special needs in locating community supports.
- Enhance training to community respite providers about caregiver-directed respite care and the supports a family caregiver is looking for when hiring services privately.

NCDSS is a member the North Carolina Lifespan Respite Project Advisory Team. In 2018-2019, NCDSS will explore opportunities with NCDAAS to strengthen the provision of respite services to families with children at risk of child abuse and neglect within the context of the lifespan respite framework.

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

The North Carolina Division of Public Health (NCDPH) is the administrative home of the North Carolina Maternal, Infant, and Early Childhood Home Visiting Program (NC MIECHV). The NC MIECHV goal is to coordinate an effective statewide planning and implementation system through a strong alliance with key partners in early childhood services at the State and local levels that ensures all children grow up in environments that are safe and supportive, and that maximally promote each child's physical, emotional, cognitive, and behavioral health. This is accomplished through the following objectives:

- Utilize the Governor's Early Childhood Advisory Council (ECAC) and other partnerships to optimize strong and effective leadership, coordination, and implementation of the NC MIECHV Program at both the State and the local levels.
- Educate communities, policy makers, and families on the goals and objectives of the NC Home Visiting Program throughout implementation utilizing a public health approach.
- Implement a strong support network to assist local community service providers with implementation of evidence-based home visiting models adhering to fidelity requirements.
- Increase the capacity of local partnerships working to coordinate, improve, and expand delivery of early childhood programs and services.
- Improve coordination of services for at-risk communities.

- Ensure accountability with program standards and measurement mechanisms to track identified outcome indicators. NC MIECHV will continue to implement two evidence-based home visiting programs – *Healthy Families America* and *Nurse-Family Partnership* – in seven targeted communities.

NCDSS is a member of the MIECHV Advisory Committee and will continue to serve on this committee in 2018-2019. NCDPH entered a data sharing MOU with NCDSS for child maltreatment data related to children enrolled in MIECHV.

X. NEEDS ASSESSMENT AND CRITERIA FOR FUNDED PROGRAMS

- **Describe how the current inventory of unmet needs and the current array of community-based child abuse and neglect prevention programs and activities will be used to inform the criteria for funding new programs and activities for the upcoming year.**
- **Describe the criteria that the CBCAP lead agency will use to develop or select and fund evidence-informed or evidence-based community-based child abuse and neglect prevention programs and activities.**
- **This can be met by including the State’s current announcement of the priority for local grant awards or request for proposals (or other process, as applicable).**

Assessing Needs through Community Child Protection Teams

Currently, the Community Child Protection Team serves as the primary vehicle by which NCDSS compiles a description of the inventory of current unmet needs and current array of community-based child abuse and neglect prevention program and activities. The Community Child Protection Team (CCPT), a component of the Child Fatality System, is an interdisciplinary group of community representatives. Local teams identify gaps and deficiencies within the child protection system, increase public awareness of child protection in the community, advocate for system changes and improvements, assist the county director in protection of living children and develop strategies to ameliorate child abuse and promote child well-being at a local and state level. All NCDSS child maltreatment prevention contractors must describe how they are involved in local CCPTs.

The North Carolina CCPT Advisory Board helps to provide analysis of data from the 100 CCPTs and synthesizes recommendations to NCDSS regarding needed improvements to reduce child abuse and neglect. This supports the CAPTA requirement for recommendations from Citizen Review Panels. The CCPT Advisory Board is taking steps to strengthen its infrastructure and impact on North Carolina’s prevention programming, including ensuring it has meaningful involvement of family members.

In June 2017, the North Carolina CCPT Advisory Board agreed upon the following recommendations to NCDSS for 2018-2019. These recommendations are based on four years of aggregate data collected regarding unmet needs.

1. Ensure that children, youth, and families have the mental health services required for promoting child safety, child permanency, and child and family well-being.
2. Strengthen the capacity of Local CCPTs to work with social services in improving child welfare services.
3. Establish the NC CCPT Advisory Board as the state body responsible for synthesizing and advocating for the local CCPT experiences and recommendations, identifying areas for child abuse prevention planning and improvements in the child welfare system, and serving as an asset to NCDSS in improving child welfare services.
4. Engage in planning on the long-term structure and processes for Citizen Review Panels in the state.

Assessing Unmet Needs through Request for Applications

Needs are also assessed through the formal Request for Application (RFA) progress. All NCDSS child maltreatment prevention contractors are required to describe the specific community need their proposed program will address. When describing their community's unmet need, applicants are asked to reference North Carolina county child victimization data for their catchment area. Applicants speak to factors contributing to the county's child victimization rate and why providing the proposed community-based prevention program may have a long-term impact on these rates.

Applicants are required to describe:

1. How their agency assessed the current needs of their community.
2. The target population, geographic location, and how services needs were identified.
3. Socio-economic needs of the community and risk factors of the specific target population.
4. Need for the community-based prevention and family support services in the identified community, and how the proposed program fits into the community's continuum of services or fills an identified gap in services.
5. Information on the likely outcome for children, youth, and families if the program is not established.

NCDSS recognizes that there are additional ways to collect information regarding unmet needs and in 2018-2019 will work with university and prevention partners to strengthen the collection and analysis of data.

In addition, North Carolina is implementing new technology, North Carolina Families Accessing Services through Technology (NC FAST), that serves to standardize data collection and reporting of child welfare services and outcomes. It also enables cross-county communication when families move across county lines, with the goal of better protecting children and youth in foster care and children who receive child protective services assessments each year. Once NC FAST is implemented statewide, it will increase NCDSS' ability to consider contributing factors to child abuse and neglect as a strategy for determining unmet needs and identifying populations at greatest risk for child maltreatment.

Currently Funded CBCAP Programs

Children's Trust Programming

In December 2015, NCDSS released a Request for Application (RFA) for Children's Trust Program Services that combine CBCAP, IV-B2, and state Children's Trust Funds for the provision of primary and secondary child maltreatment prevention activities. This RFA was issued for a three-year grant period (SFY 2017, 2018, 2019) and contracted agencies will enter their third year of funding in 2018-2019. Children's Trust agencies will implement a program that demonstrates an acceptable level of evidence-based or evidence-informed practice which include qualitative and quantitative evaluation plans that have proven outcomes in increasing protective factors for the prevention of child abuse. These community-based programs will provide outreach, support, and services to individuals and families identified as being at-risk of compromised health and safety to eliminate or reduce those risks by promoting protective factors that strengthen and support families. Thirty-seven grants were awarded throughout the state.

North Carolina Children's Trust Program contracted agencies are required to meet all of the following requirements to be eligible for funding:

- Provide services based on the Principles of Family Support Practice.
- Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
- Demonstrate collaborative relationships with community partners in the prevention of child abuse and neglect.
- Implement Primary and/or Secondary prevention services.

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- Serve target populations most at risk of child abuse or neglect.
- Promote two or more of the five protective factors linked to lower incidence of child abuse and neglect.
- Provide a service or implement a program that demonstrates an acceptable level of evidence-based or evidence informed practice.
- Demonstrate a clear plan for implementation support
- Use outcome accountability and evaluation tools that demonstrate positive outcomes for children and families.

Eighty percent (80%) of available funds are granted to 30 agencies implementing one or more of the following programs:

- Incredible Years Pre-School BASIC Parent Program for parents of children 3-6
- Incredible Years School-Age BASIC Parent Program for parents of children 6-12
- Strengthening Families Program for parents of children 6-11
- Circle of Parents
- Darkness to Light, Stewards of Children

Twenty percent (20%) of available funds are granted to seven (7) agencies implementing evidence-based, evidence-informed models and activities not listed in the 80% category above. These agencies are implementing:

- In-Home SafeCare, Parent Child Interaction Therapy, and Motivational Interviewing
- Nurturing Parenting
- Parents as Teachers (3 agencies)
- Parents as Teachers Play Groups

Respite Program

NCDSS issued a Respite Program Services RFA in February 2018 for a three-year funding cycle of respite care for SFY 2019, 2020, and 2021. Ten (10) Respite Programs will be funded for their first year of the grant cycle. Respite Program contractors are required to meet all of the following requirements to be eligible for funding:

- Provide services based on the Principles of Family Support Practice.
- Demonstrate a commitment to meaningful parent engagement and leadership opportunities.
- Demonstrate collaborative relationships with community partners in the prevention of child abuse and neglect.
- Implement primary, secondary and/or tertiary prevention services.
- Serve target populations most at risk of child abuse or neglect.
- Promote two or more of the five protective factors linked to lower incidence of child abuse and neglect.
- Use outcome accountability and evaluation tools that demonstrate positive outcomes for children and families.

Community Response Program

The grant award period is from July 1, 2016 through June 30, 2019. The availability of grant awards was increased from four (4) grant awards in the prior funding period to eight (8) grant awards in this next cycle. Community Response Programs (CRP) are intended to fill a gap in the continuum of child maltreatment prevention programming by reaching out to families who have been reported to county social services agencies, child protection services, but whose cases have been screened out at intake, closed with a decision of services recommended, or closed with a decision of no services needed, after an initial assessment. These services are voluntary and agencies may not charge fees for services.

CRP aligns with NCDHHS' *Early Childhood Action Plan* and Social Determinants of Health (SDoH) priorities. Among the many components are the requirements that agencies funded to implement CRP ensure that children 0-5 have access to high quality childhood education opportunities, including but not limited to Head Start/Early Head Start and that they receive Early Periodic Screening, Diagnosis and Treatment to assess and respond to any developmental concerns. CRP aims to identify and connect families to resources based on family needs and help them navigate these resources and support systems. It provides financial planning assistance or refers the family to these services in the community to enhance a family's capacity to save and reduce on-going financial strain and administers a flex fund (up to \$10,000) to assist those families in meeting immediate financial needs unable to be met by existing public and private programs.

CRP continues to support cross-agency collaborative, community-based initiatives to provide outreach, support, and services to individuals and families identified as being at-risk of compromised health and safety in order to eliminate or reduce those risks by promoting protective factors that strengthen and support families through community response programming. A brief description of each funded program and the specific evidence-based programs implemented is provided below:

Alamance County Department of Social Services (ACDSS)

ACDSS partners with the Alamance County Health Department (ACHD), the Alamance County Community Child Protection Team, Head Start and other community organizations to implement the Community Response Program (CRP). Families considered appropriate for the CRP are those with a valid Child Protective Services (CPS) report who are recommended for services but do not have an open case with DSS. ACDSS utilizes a CRP/Triple P coordinator, an Attachment and Biobehavioral Health (ABC) clinician, a Child and Family Team facilitator, social workers, training, transportation, child care, flexible emergency funds, administrative staff, meeting space, meeting supplies and evaluation materials. ACDSS collaborates, coordinates and where appropriate, integrates services with the ACHD's Care Coordination for Children (CC4C) Program, Alamance County School System counselors, providers of early intervention services and other providers of service to this population. In addition, there are weekly home visits over a 3-6-month period. Ideally, all services are provided in the child's home, but other service delivery sites may include the child's primary medical home or local DSS offices.

The evidence-based programs being implemented are Triple P and Attachment and Biobehavioral Catch-up (ABC)

Catawba County Department of Social Services (CCDSS)

Coordination of Community Response Program services are facilitated through a CRP Coordinator and Family Resource Educator. Eligible families are those with children 0-5 who have a case reported to CPS with decisions of screened out, closed with no services recommended, services recommended or unsubstantiated. Catawba County Schools are the primary partnering agency with CCSS to provide Early Head Start services and Parents as Teachers. The CRP Coordinator connects families with local resources such as: child support, food assistance, WIC, rent and utility assistance. Referrals for the CCSS CRP are mainly provided by CCSS, but may also be received from community agencies.

The evidence-based programs being implemented are Early Head Start and Parents as Teachers.

Durham County Department of Social Services (DCDSS)

DCDSS subcontracts with the Exchange Family Center's (EFC) Family Support Program to provide parent coaching and case management to families who are screened out at intake or closed (no services needed,

services recommended, or unsubstantiated). The program utilizes in-home Parent Child Interaction Therapy (PCIT), SafeCare, and/or Triple P along with case management to address other protective factors. The families served consist of at least one parent and one child up to age twelve, although typically younger. Parents of children over age twelve are referred to Multi-Dimensional Family Therapy within EFC, and are eligible for case management under the program. EFC also offers Welcome Baby classes in English and Spanish for parents of children under age five, Healthy Families home visiting program for parents of newborns, Early Head Start for low-income families, parent support groups in Spanish at Centro Hispano, and groups for parents of school-age children in English and Spanish (Incredible Years classes, Strengthening Families Program and Parent Advocacy Training) provided by Communities in Schools and Durham's Cooperative Extension.

The evidence-based programs being implemented are Early Head Start, Incredible Years, Strengthening Families, Parent Child Interaction Therapy, SafeCare, and Triple P.

Henderson County Department of Social Services (HCDSS)

HCDSS subcontracts with the Children & Family Resource Center (CFRC) to provide child maltreatment prevention services through the North Carolina Community Response Program. The program targets families with children 0-5, living in Henderson County, prioritizing families and children living in poverty (below 200% poverty level); parents or caregivers with substance abuse, domestic violence and/or homelessness experiences. CFRC employs a Community Response Coach offers *weekly home visits* to enrolled families for at least six months and not exceeding one year. The Community Response Coach serves between 12 and 15 families at one time, depending upon the high needs characteristics of the caregivers on the caseload. The program offers Triple P, Circle of Parents and Incredible Years.

The evidence-based programs being implemented are Triple P, Circle of Parents, and Incredible Years.

Iredell County Department of Social Services (ICDSS)

ICDSS' Community Response Programs receives referrals from the child protective services. The Community Response Worker assesses the family's appropriateness for the program and plans a Child and Family Team meeting where the family can lead the development of a prevention plan for their family. Based on the family's goals, the worker offers services that will strengthen their protective factors. A variety of referrals or services and supports are offered that address, but are not limited to: economic support, benefit access, employment coaching, child care assistance, behavioral, emotional and mental health services and support, housing resources, health-related resources, substance abuse, and domestic violence. The worker joins with the family in establishing a priority of urgent needs and subsequently supporting them as they get connected to services and resources. Throughout the worker's involvement, protective factors are used as a guidepost when working with the family in order to grow their capacity to enhance their child's educational, physical and emotional development. By this process, the family will be able to identify and utilize more formal and informal support systems.

The evidence based program being implemented is Parents as Teachers (PAT).

Rutherford County Department of Social Services (RCDSS)

RCDSS Community Response Program provides services that will fully support the Strengthening Families Framework with an intentional focus on family development and optimal child development that identifies and fosters the development of the five protective factors relevant for a continuum of child welfare services. The Circle of Parents program is a parent-led, mutual self-help support group for parents and caregivers and addresses the five protective factors. The RCDSS CRP will support cross-agency collaborative, community-based initiatives to provide outreach, support, and services to individuals and families identified as being at risk of compromised health and safety to eliminate or reduce those risks by promoting protective factors that

strengthen and support families. The program will be operated out of the RCDSS offices, however, meetings with families will be held in offsite community locations. The RCDSS CRP will operate according to the Principles of Family Support in Practice as defined in the application. RCDSS proposes to emphasize meaningful family engagement utilizing a full array of strategies including parental involvement in the operation, governance and evaluation of the program.

The evidence-based programs being implemented are Circle of Parents and Attachment and Biobehavioral Catch-up (ABC).

Wake County Human Services (WCHS)

Community based organizations and WCHS internal programs partner to deliver the Community Response programming to consumers in Wake County. The eligible population includes families reported to Wake County Child Protective Services for child abuse, neglect or dependency who were assessed and closed: with no services needed, with services recommended or as unsubstantiated cases. Priority is given to families with children 0-5, families and children living in poverty; parents/caregivers abusing substances; single parents; families experiencing domestic violence; parents/caregivers and/or children with disabilities or behavioral health needs; fathers, non-custodial parents and parent companions; former adult victims of child abuse and neglect; unaccompanied homeless youth and families experiencing homelessness; and other at-risk populations. WCHS sub-contracts with the Telemon Head Start Program to provide reimbursable childcare services. Services include team staffing, engagement, assessment, case planning and collaborative case consultation through Child and Family Team (CFT) meetings, case-management and psycho-educational and literacy groups to include Family Wellness groups and Triple P seminars. Participants are offered a minimum of at least two CFT; 12 hours Family Wellness groups; 6 hours Triple P seminars; referrals to community partners for financial literacy, behavioral health services, housing and economic supports; and access to transportation assistance, child care, and a maximum of \$250 in financial assistance for participating families that qualify. Services are provided based on the case plan developed by the participants with the support of their professional and natural support systems.

Wilson County Department of Social Services (WCDSS)

WCDSS' Community Response Program targets families with screened out CPS reports and children age birth to five. The program utilizes Healthy Families America (HFA) includes extensive training on completion of thorough parent-surveys, home visits, and intensive supervision. HFA services are initiated prenatally or at birth and a standardized assessment tool is used to systematically identify who is most in need. The parent survey is the assessment tool that is used, and the Ages and Stages developmental screening tool is used with the children. A case file is maintained on each family, with all assessments, screenings and documentation from home visits, phone calls and other site visits kept in this file.

The evidence based program being implemented is Healthy Families America paired with the Partners for a Healthy Baby curriculum, which is evidence-informed.

XI. OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

- **Describe outreach activities that the CBCAP lead agency and the community-based and prevention-focused programs and activities will provide to maximize the participation of (please check all that apply):**

Please check all that apply for outreach:

Parents

Racial and ethnic minorities

Adult former victims of child abuse and neglect or domestic violence

- Children and adults with disabilities
- Homeless families and those at-risk of homelessness
- Unaccompanied homeless youth

- Members of other underserved or underrepresented groups (i.e. Fathers)
- Other option – Please describe

NCDSS requires all agencies providing Children’s Trust and Respite Program services use a decision-making process reflective of the racial and socio-economic diversity of the community to be served. Local planning and governance includes families where family members are part of the local board, committees, and workgroups. Families significantly impact how decisions are made and how services are implemented in their communities. This model ensures programs being developed are meaningful and needed in the community. Family and consumer feedback regarding the quality of services, customer service, and impact of services can help identify specific and creative solutions for gaps and unmet needs within the system. In agencies’ applications for grant funding, they are required to speak to how they affirm and strengthen families’ cultural, racial, and linguistic identities.

In 2018-2019, Children’s Trust and Respite Program services have identified the following populations/risk factors in their communities in need of supportive services, such as parenting support groups, parenting classes, home visiting, and respite. Services are targeted to the following special populations:

- Fathers
- Teen Parents
- First time parents
- Parents of children with developmental delays, chronic health problems, or special needs
- Parents with mental health disorders or special needs
- Families and children living in poverty
- Native American populations
- Hispanic/Latino populations
- Grandparent/relative caregivers
- Separated parents and single parents
- Families experiencing domestic violence or substance abuse
- Homeless youth and families
- Court involved youth
- Non-English-speaking youth and families
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex (LGBTQQI) youth
- Military families
- Victims of Human Trafficking

As required by CAPTA legislation, NCDSS will continue engaging and supporting programs and activities to maximize the participation of all populations, including: racial and ethnic minorities, children and adults with disabilities, homeless families and those at-risk of homelessness, unaccompanied homeless youth, adult former victims of child abuse and neglect or domestic violence, and members of other underserved and underrepresented groups.

Children with Special Needs

In 2018-2019, NCDSS will continue to utilize CAPTA funding to contract with the Family Support Network™ of North Carolina (FSN). The FSN University Office is part of the University of North Carolina at Chapel Hill School of Social Work, which subcontracts with regional FSN programs to provide education, training, and support services to all families who care for children who are medically fragile or have special needs, including children who are substance exposed, HIV positive, or who have developmental delays. Research supports the concept that education and support of these vulnerable families helps to reduce the likelihood of abuse or

neglect of their children. The three goals of FSN are: (1) to provide education and training to foster, adoptive, birth and kinship families who are caring for medically fragile or special needs children in order to improve their knowledge about the conditions that are effecting the children and how to care for them; (2) to reduce isolation and improve family functioning through social support programs, including facilitating and leading support groups; (3) to enhance collaboration among local family support programs and service providers, including county social services agencies, Family Resource Centers, county foster parent associations, and neonatal intensive care units.

FSN will carry out activities to support the work of the eleven (11) local affiliates. These activities involve facilitating the provision of support to families across the state, specifically:

- Building community capacity to support families through technical assistance with local affiliates to assess community needs, collaborate with local organizations, and support families as they deal with the realities of raising a child who has special needs.
- Facilitating the matching listserv so that families can be matched with others across the state when an appropriate match is not available locally. Participate in the Parent to Parent USA listserv, to ensure that families with children who have low incidence disabilities are able to be matched with families in other parts of the country who are dealing with similar issues.
- Carry out evaluation activities in support of the project.
 - Families caring for infants who are medically fragile and children with special needs will increase their knowledge of the formal and informal resources available to them in the community. Their ability to access to these resources will improve through information offered through workshops, information offered individually, and direct referral to other agencies.
 - Families caring for children who have special needs will participate in supportive activities provided by FSN, gaining emotional support and improving their ability to cope with their situation.
 - Community capacity to serve families with children who have special needs is enhanced for the benefit of target families, who are able to access available support in the network of community organizations.

FSN affiliates are involved in collaborative activities with agencies in their communities, including the local DSS, neonatal intensive care units (NICU), Early Intervention System (Children's Developmental Services Agencies [CDSAs]), Family Resource Centers, Foster and Adoptive Parent Association, System of Care Collaborative, Smart Start agencies, hospitals, and schools.

Other collaborative activities include participation at state and regional levels with the North Carolina Division of Public Health Children & Youth Branch Family Steering Committee, NC Exceptional Children's Program Advisory Council, NICU and Hospital Advisory Committees, North Carolina Division of Public Health Innovative Approaches Parent Advisory Councils, a Pregnancy and Infant Loss Planning Committee, counties' Children's Collaboratives, Safe Kids, and the North Carolina Lifespan Respite Project Advisory Committee, among others.

FSN ensures a focus at state and local level program development on emerging issues for families with children who have special needs through such efforts as:

- Serving on advisory committees for the North Carolina Early Childhood Foundation (focus on birth through 8 years old) and North Carolina Infant Mental Health Association;
- Training for FSN coordinators in Triple P Stepping Stones to provide evidence-based parenting workshops for families with young children who have special needs;
- Conducting support groups for mothers in recovery who have a child with a disability;
- Providing training at the North Carolina Area Health Education Centers (AHEC) on Inter-professional Care for Adolescents with IDD/Behavioral Health diagnoses;

- Delivering the *Focus on Family and Disability Seminar Series* at the UNC School of Social Work on current topics in research and practice related to families and disabilities.

Families At-Risk of Homelessness/Unaccompanied Homeless Youth

North Carolina has three key elements in place to maximize services to unaccompanied homeless youth – including legislation, programming, and systemic collaboration.

First, unaccompanied homeless youth may meet the statutory definition of a dependent juvenile [G.S. §7B-101 (9)] which is *a juvenile in need of assistance or placement because (i) the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision or (ii) the juvenile's parent, guardian, or custodian is unable to provide for the juvenile's care or supervision and lacks an appropriate alternative child care arrangement.* As such, a county social services agency may petition the court to place an unaccompanied homeless youth in foster care based upon his or her dependency status.

Second, if such youth is placed into the foster care program, they become eligible for the LINKS/Chafee Program if they are 14 years of age or older. LINKS is an outcome-based program focused on the support and development of youth and young adults currently or formerly in foster care. The goal in North Carolina is for every youth and young adult who lives or has lived in foster care as a teenager will achieve the following outcomes:

- Sufficient economic resources to meet their daily needs
- Safe and stable housing
- A sense of connectedness to persons and community (a positive support network of at least five caring adults)
- Avoid illegal/high risk behavior
- Access to physical and mental health services, and a means to pay for those services
- Ongoing opportunities to participate in age or developmentally-appropriate activities

This includes youth participation in community-based and prevention-focused programs and activities.

Further, local child welfare agencies are required to develop Transitional Living Plans with youth in foster care who are 14 years of age or older, regardless of the youth's participation in LINKS, to document and provide the services needed to assist the youth in making a successful transition to adulthood.

Third, NCDSS coordinates with the North Carolina Homeless Education Program (NCHEP) to ensure compliance with the McKinney-Vento Homeless Act. NCHEP is dedicated to ensuring that all children and youth experiencing homelessness have access to the public education to which they are entitled under the federal McKinney-Vento Education of Homeless Children and Youth Assistance Act. NCHEP works towards this goal by ensuring that North Carolina's state policies are in compliance with federal law, by providing technical assistance to North Carolina's local homeless education liaisons, and by providing informational and awareness materials to educators and other interested community members throughout North Carolina.

In support of the federal mandate, P.L. 110-351, requiring educational stability for children in foster care, North Carolina has partnered with the State Coordinator for North Carolina Homeless Education Program to coordinate a presentation for the Department of Public Instruction (DPI) around the issues of:

- Transportation for children in foster care
- Homeless youth
- Youth at risk for homelessness

North Carolina continues to ensure that the educational stability of children is met by managing and maintaining best interest determination meetings. The educational plan must be included in the child's case plan and must document the strategies on achieving educational stability and is monitored every six (6) months or during a placement or school change.

Additionally, North Carolina, in its partnership with the local education agencies and county department of social services have worked to identify the points of contacts, establish the Memorandum of Agreements, and develop an approved process for sharing data.

In addition, NCDSS is an active member of the North Carolina Collaborative for Youth in Transition (NCCYT). The NCCYT is a network of representatives from public and private agencies that promote successful transitions to adulthood for youth in our communities. The aim is to inform and influence the systems affecting transitioning youth by advocating for improved services and outcomes. Goals include sharing and disseminating information; promoting collaboration; and advocating for improved services and improved outcomes in all areas of life for transitioning youth.

XII. PLANS FOR PARENT LEADERSHIP AND FAMILY INVOLVEMENT

- **Describe how the CBCAP lead agency will implement activities and training to enhance parent participation and leadership.**
- **Include information on how parents are and will be involved in funded programs, including:**
 - **planning,**
 - **implementation and**
 - **evaluation.**

Local Programming

Developing strong relationships between parents and staff is an essential ingredient to a program's ability to connect with parents. When parents and other caregivers feel valued and supported in the context of a learning relationship, the likelihood of their taking responsibility for and making use of new information increases. NCDSS contractors must demonstrate how staff will work proactively with families who are isolated or seem most in need of encouragement and support, drawing them into the social networks and activities available. North Carolina Children's Trust, Respite, and Community Response Program contractors are expected to convey a clear message that parents and caregivers are an important and valued part of their children's lives and their community.

Specifically, NCDSS contractors are required to demonstrate how they will model the Principles of Family Support, and include opportunities for parents and other caregivers to contribute to program planning, governance, and administration. Parents play an essential role in improving the quality of services and offer unique perspective as consumers. Meaningful involvement of families ensures the programming being delivered actually meets the community's needs. Contractors are required to report quarterly on how their agency is supporting parent engagement and leadership. In addition, NCDSS will continue to monitor parent engagement through monitoring phone calls, monitoring site visits, and participation in a peer review process during their awarded 3-year funding cycle.

In 2018-2019, NCDSS Children's Trust and Respite Programs report that parents will assume leadership roles by representation on advisory committees and boards, assuming leadership roles at support groups, serving as mentors to new parent participants, and by volunteering for activities such as field trips, fundraisers, and events.

Training and Technical Assistance

In 2018-2019, NCDSS will continue to contract with Prevent Child Abuse NC (PCANC) to provide training and technical assistance. PCANC will continue facilitating the Prevention Network Leadership Team (PNLT) which includes parents and grandparents. NCDSS and PCANC value the contributions of parent leaders and will continue to develop strategies to support parent leaders and strengthen parent/practitioner partnerships among Prevention Network members with a specific focus on local DSS agencies. Specifically, PCANC will:

- Offer training on issues such, as but not limited to, parent-led community education including relationship building and the importance of research and evidence-based practice for program and policy.
- Provide a statewide Learning & Leadership Summit to increase the understanding, knowledge, skills, and relationships needed among practitioners, community leaders, and funders to support and expand effective prevention practice to advance child well-being.
- Provide information to Prevention Network members on effective parent/practitioner partnerships.
- Support the Prevention Network Leadership Team in further engaging parent leaders, including fathers to be a part of the PNLT.
- Identify new curriculum, readiness assessment tools, training opportunities, and other resources to support both practitioners and parents in strengthening parent/practitioner partnerships and providing access to Prevention Network members.
- Add new resources as they become available and provide the PN access to a compilation of resources on best practices related to parent leadership and parent/practitioner partnerships.

In 2018-2019, NCDSS will also continue to contract with PCANC to provide implementation support and training for local programs implementing Circle of Parents, which has an intentional focus on promoting parent leadership. Evaluation indicates that technical assistance support to Circle of Parents programs strengthens implementation with fidelity, parent leadership, and father engagement.

Family Empowerment and Family Leadership

After the 2015 Child and Family Services Review, NCDSS began developing a Family Engagement and Leadership model as part of its Program Improvement Plan (PIP). NCDSS recognizes that families served by the child welfare system play in integral part of program development, implementation, and evaluation. The North Carolina's Child Welfare Family Leadership model ensures that family voice informs state-level decisions and aligns county family engagement/leadership approaches with state-level system efforts.

The North Carolina Family Engagement and Leadership model is based in quality family engagement strategies at the local level. Families are encouraged to use their personal experience with the child welfare system to aid in local improvement efforts. Families are then engaged more systemically in educating, advocating, and facilitating family perspective. Skills are developed through training and actions at the community level as part of ongoing local family engagement programming.

North Carolina has defined Family Partners as a youth or adult who has received services or is the caregiver/parent of someone who has received services and who has firsthand experience with the child welfare system. North Carolina is piloting three county Family Engagement Committees - a group of individuals comprised of biological parents involved in the child welfare system (or who have been involved) and other stakeholders who come together to discuss and implement strategies to improve family engagement and permanency for children. These Family Engagement Committees will interact with the state-level Child Welfare Family Advisory Committee (CWFAC). The CWFAC is comprised of partners who are advising NCDSS on specific child welfare topics, policies, and systemic issues. Family partners are actively engaged in supporting and strengthening family engagement efforts across the state.

In 2018-2019, NCDSS will move the PIP family engagement workgroup to a Stakeholder Steering Committee for Family Engagement. This will allow for the continued focus on the systemic factor of *Agency Responsiveness to Community* and ensure NCDSS has a robust method of engaging stakeholders in ongoing feedback and in establishing feedback loops.

The Community Child Protection Team Advisory Council will also continue to involve parent leadership in identifying gaps and deficiencies with the child protection system, increase public awareness of child protection in the community, advocate for system changes and improvements, and to develop strategies for ameliorating child abuse and promoting child well-being at a local and state level.

XIII. PLAN FOR SUPPORT, TRAINING, TECHNICAL AND EVALUATION ASSISTANCE

- **Describe the State’s plan for providing operational support, training, technical assistance and evaluation assistance to community-based, prevention-focused programs.**
 - **Examples may include training or support related to cultural competence, promotion of strong families, evaluation plans, implementing and sustaining evidence-based or evidence-informed programs and practices.**

During 2018-2019, NCDSS will directly provide a variety of training and technical assistance to Children’s Trust, Respite, and Community Response Program contractors via on-site monitoring visits, telephone conferences, workshops, e-mail communication, and contracted implementation support of evidence-based programs in the following ways:

Children’s Trust, Respite, and Community Response Program Required Training

During 2018-2019, the following training is required for all direct service staff and their supervisors working in NCDSS funded Children’s Trust, Respite, and Community Response Programs:

- *Connecting with Families: Family Support in Practice* is a six-day specialized curriculum designed for family support professionals. The training provides instruction in the skills necessary for working successfully with families in center-based programs, in support groups, and through home visiting. The training is interactive and skill-based. This training is offered at least twice a year at various locations throughout North Carolina.
- The National Alliance of Children’s Trust and Prevention Funds free, online training course, *Bringing the Protective Factors Framework to Life in Your Work – A Resource for Action*. This course supports implementation of the Strengthening Families Protective Factors Framework in multiple settings.

Evidence-Based Program Implementation Support

In 2018- 2019, NCDSS will contract with Prevent Child Abuse North Carolina (PCANC) to provide support based on implementation science and workforce development to enhance community-based agencies’ capacity to implement evidence-based and evidence informed programs effectively. This technical assistance helps programs achieve their outcomes and adhere to model fidelity in a manner that positively affects parenting strategies and enhances protective factors for families in North Carolina. Agencies benefit from support around participant recruitment plans; group management strategies; selecting skilled and experienced staff; curricula implementation problem-solving; ongoing retention strategies; and model fidelity. With collaborative support from NCDSS and other public and private funders, PCANC will provide implementation support for approximately 46 Circle of Parents, Incredible Years Preschool and School Age Parent Programs, and Strengthening Families Program 6 -11. Each agency will access implementation support through a designated Implementation Support Specialist.

In the coming year, implementation support activities will include:

- Offer a planning/orientation phone call to all Implementation Support Network agencies.
- Offer phone/virtual workforce development coaching calls to all Implementation Support Network agencies.
- Offer up to three (3) workforce development site visits to all Implementation Support Network agencies.
- Plan and facilitate six (6) to eight (8) regional skill building days for members of the Implementation Support Network.
- Provide a password protected Implementation Support Network members page on PCANC's website.
- Design and administer annual Implementation Support Network survey.
- Manage statewide outcome evaluations that include training on data collection, entry, analysis, and reporting for the Circle of Parents program, Incredible Years Preschool and School Age Parent programs, and the Strengthening Families 6-11 Program.
- Offer, plan, and facilitate up to two (2) Circle of Parents Core/Children's Program Training.
- Coordinate two (2) nationally facilitated Incredible Years Core Training.
- Coordinate one (1) nationally facilitated Strengthening Families Training.

The Incredible Years Program (IY)

This evidence-based parent training program is implemented with parents of children ages 3-12 who are experiencing difficulties with child behavior management, parent/child interactions, and parent/child communication. Support includes quality assurance, technical assistance, and coaching for fidelity to community based agencies implementing and/or operating this evidence-based program. One marker of fidelity is national Group Leader Certification, a process facilitated by the IY national office. North Carolina has more certified IY facilitators than any other state in the United States. All sites in the IY network will engage in an outcome evaluation, using the Parenting Practices Interview and the Eyberg Child Behavior Inventory.

The Strengthening Families Program (SFP)

This evidence-based family training program for parents of children 6-11 has a specific focus on prevention of alcohol and substance abuse in children and youth, but also has demonstrated impact in promoting positive family outcomes such as increased family cohesion, decreased use of physical discipline, and increased communication among parents and children. Support includes clinical feedback to facilitators of the program and model fidelity/quality assurance issues with sites. All sites in the SFP Network will engage in an outcome evaluation, using the SFP evaluation survey.

The Circle of Parents Program (Circle)

Circle of Parents is a parent-led and professionally facilitated parent support group program that gives parents the opportunity to share in each other's challenges and successes while developing a network of support. The technical assistance provided includes coaching, training and consultation focused on implementation with fidelity as defined by best practice standards, parent leadership, father engagement, and strengthening the five protective factors in families. Circle of Parents will utilize the Protective Factor Survey as part of its outcome evaluation.

In addition, PCANC will develop, pilot, and implement capacity supports for Triple P. This intermediary support will include coaching, training, and technical assistance on workforce development, partnership engagement, and communication for selected counties already involved in the NC's Triple P Community Collaboratives. Triple P is an evidence-based parenting and family support system supported by more than 35 years of research. Drawing on social learning, cognitive behavioral and developmental theory as well as risk factor research, it is designed to prevent and treat behavioral and emotional problems in children and teenagers. Triple P strategies help parents build strong, healthy relationships and confidently manage their children's behavior. Triple P is currently used in more than 25 countries and has been shown to work across cultures, socio-economic groups, and in different kinds of family structures.

Professional Education Opportunities

In 2018-2019, PCANC will provide professional education opportunities to hundreds of professionals across the state. PCANC offers training and education opportunities to professionals at agencies including but not limited to, county social service agencies, family resource centers, local health departments, child care providers, schools, and non-profit agencies providing parent training, home visiting, information and referral, and other prevention activities.

PCANC will offer the following training and education opportunities:

- Facilitator/parent leader training for Circle of Parents, Incredible Years, and Strengthening Families.
- Regional skill building sessions to the Implementation Support Network.
- Separate webinars for the Implementation Support Network members implementing Circle of Parents, Incredible Years, and/or Strengthening Families on how to manage data collection for this program
- Prevention Network quarterly webinars.
- *Recognizing and Responding (R&R) to Suspicions of Child Maltreatment*: free, online, self-guided trainings in recognizing and responding to child maltreatment, available in English and Spanish. North Carolina general statute requires that all citizens are mandated to report suspicions of child maltreatment to their local social service agencies and/or law enforcement agency.
- *What is Prevention* – online, self-guided training that offers participants an increased understanding of child maltreatment prevention; how prevention is different from intervention; an introduction to the concept of risk and protective factors; and an opportunity to become familiar with prevention services.
- Ongoing identification of training needs for Prevention and Implementation Support Network members.
- Provide a statewide Learning & Leadership Summit.

Cultural Competency

During 2018-2019, NCDSS will continue to provide access to the child welfare training to Children's Trust, Respite, and Community Response Program contractors, *Building Awareness and Cultural Competency*. The training is a three-day interactive, foundational training designed to enhance the cultural knowledge and sensitivity of social workers and supervisors working with culturally diverse individuals and families. Content and exercises are used to establish baseline knowledge and shared understandings around the nature of these issues and their impact on participants' work to improve the lives of families and children.

Through group work, case studies, interactive lecture and activities, participants develop personal awareness by exploring their own cultural lenses, uncovering implicit biases and automatic assumptions, and examining the potential impact of these factors on interpersonal relationships and human services. This session offers participants opportunities to develop strategies for interpersonal awareness through an exploration of cultural norms and values, communication styles and approaches to building trust. Finally, the training introduces participants to a range of tools that facilitate continued cultural safety to include personal awareness, cross-cultural communication and relationship-building, collaboration in multicultural communities, and conflict management. The training ends with an action planning session to establish a foundation of support to leverage the knowledge, awareness and skills learned during the training and to create sustainable change.

The Prevention Network

The Prevention Network support effective prevention services for North Carolina families. The Prevention Network encompasses a diverse group of over 375 individuals and agencies, including early childhood education, public health, mental health, physicians, family support, nonprofit, all 100 county social service agencies, all 85 county departments of health, and individuals who are committed to improving their ability to strengthen families and prevent child abuse in all its forms.

During the 2018-2019, NCDSS will contract with PCANC to:

- Offer prevention awareness and planning support for Community Child Protection Teams (CCPTs)
- Provide two (2) regionally-based 14-hour training courses on the Strengthening Families Protective Factors Framework and four (4) Prevention Network webinars supporting implementation of the Protective Factors Framework
- Build four (4) Community Child Abuse Prevention Plans (CCAPPs) to increase Protective Factors in each community in order to reduce the rate of child abuse and neglect and to reduce the number of children entering foster care. CCAPPs are built around the Essentials for Childhood framework using a collective impact model and, when appropriate, in alignment with opioid plans and community health improvement plans created at the county level to change and align existing systems and improve outcomes for children and families. As the Family First Prevention Services Act is implemented in the next few years, CCAPPs are also intended to provide a foundation upon which to set goals and implement strategies focused on strengthening parenting and building supportive communities so that the number of children entering foster care is reduced.
- Strengthen communications tools and support for Prevention Network members
- Provide Prevention Network membership stipends for 100 local departments of social services and CCPTs, 15 Children's Trust, Respite, and Community Response programs, 10 parent/grandparent leaders, and 22 Triple P Coordinators.
- Offer screenings of the *Resilience* documentary. This one-hour film educates about the science of the Adverse Childhood Experiences (ACEs) study and offers strategies for bringing communities together to catalyze action on prevention and intervention so that children can thrive. The film features trailblazers in pediatrics, education, and social welfare who are using cutting-edge science and field-tested therapies to protect children from the life-long social, educational and health effects of toxic stress. PCANC uses this film to catalyze community toward building stronger communities for children and families.

XIV. EVALUATION PLANS

- **Describe how the CBCAP lead agency's activities, and those of the network and its members (where appropriate), will be evaluated.**
- **Describe the State's overall evaluation plan and approach that will be used to demonstrate the effectiveness of activities conducted, to include outcomes of monitoring and results of the evaluation.**
- **Develop evaluation plans that incorporate a continuum of evaluation approaches including quantitative and qualitative data collection methods. This can include a peer review process.**
- **Include plans for reporting requirements regarding the percentage of total CBCAP funding used to support evidence-based (EBP) and evidence-informed programs (EIP) and practices, to include infrastructure costs.**
- **States that use CBCAP funds for network support/development are strongly advised to develop strategies and methods to evaluate the effectiveness of their network and its activities, as well as their funded programs.**

In 2018-2019, NCDSS will continue to utilize a range of evaluation approaches to assess program effectiveness to include the following below.

Client Satisfaction Survey

NCDSS will continue to require that all Children's Trust Program and Respite contractors administer a Client Satisfaction Survey. The survey will be offered in both English and Spanish. Participants will be asked to complete the survey at the close of a program offered at each site. The surveys will then be aggregated either by NCDSS Performance Management Evaluation Section or NCDSS Community Based Programs consultative staff.

North Carolina Family Support Outcome Scale

NCDSS will continue to utilize the NCFSSOS to assess statewide impact of services provided to prevent child abuse and neglect. NCDSS requires providers to input data into a web-based system monthly. NCDSS Performance Management Evaluation Section will collaborate with the Child Welfare Section to monitor timely submission of information into the data system. During 2018-2019, NCDSS will gather data received from community providers through the web based system. This information will then be interpreted to determine the impact of services. The NCFSSOS is divided into four domains, each of which measures several broad areas through subscales: 1) Overall Child Functioning; 2) Overall Parent Functioning; 3) Overall Family Functioning; and 4) Family's Relationship to the Community. Data collection will also include information related to gender, ethnicity, and participant and family special needs.

Collaborative Partnerships in Evaluation

In 2018-2019, PCANC will continue to contract with independent evaluators to assess IY, SFP, and Circle of Parents outcomes and, in the case of SFP, fidelity to the model. Continued support will be provided to local programs in how to best use data to inform practice. Outcome reports provide NCDSS information for program oversight and communication with stakeholders such as the North Carolina General Assembly and the Federal government. In addition, evaluation outcomes help demonstrate the three programs' impact on positive parenting, protective factors, family functioning, and the healthy development of children. For more information, please see Section XIII (Plan for Support, Training, Technical and Evaluation Assistance).

Contract Monitoring and Reporting

All funded contractors will submit a renewal application that outlines all contract monitoring required during the contract period. The monitoring process encompasses a variety of tools used throughout the contract period, such as fiscal and program reports, desk monitoring, technical assistance and/or monitoring visits as well as on-going telephone/e-mail contact with contractors to determine agency's contractual compliance and program success. NCDSS contract administrators are responsible for monitoring contractual activities, maintaining monitoring documentation, and providing monitoring follow-up to all contractors.

All Children's Trust and Respite Program contractors will participate in the Performance Status desktop monitoring process. Contractors will complete their first quarterly Performance Status Monitoring Tool within 90 days of the contract start date. A conference call will be conducted between the NCDSS Contract Administrator and the grantee's administration/staff to review the grantee's report to ensure that required components of programming, accurate monthly reporting, and fiscal procedures will be implemented and baseline data will be compiled to fulfill the evaluation plan of the contract. After each monitoring phone call, the Contract Administrator conducts a risk assessment on the agency and its program.

XV. PLAN FOR CHILD ABUSE PREVENTION MONTH AND PUBLIC AWARENESS ACTIVITIES

- **Describe of activities the CBCAP lead agency will coordinate or participate in, and the network's role in the promotion and observance of the upcoming Child Abuse Prevention Month during April**

The Governor of North Carolina issues a proclamation every year declaring April as Child Abuse Prevention Month. NCDHHS promotes Child Abuse Prevention Month through various social media awareness posts throughout the month and participates in the "Wear Blue Day" campaign. NCDHHS support the statewide Pinwheels for Prevention® program across the state.

Additionally, through NCDSS' contract with PCANC, communities across the state are provided child abuse prevention awareness resources geared at strengthening families and promoting healthy child development. PCANC continues to integrate the most current research on communicating child maltreatment prevention messages into its public education initiatives and media strategies. For example, PCANC created the "5 Factor Fund" which not only raises funding for prevention activities, but promotes the five protective factors. They held their inaugural *5 Factors 5K Walk & Run* fundraiser at NCDHHS headquarters in 2018.

NCDSS will coordinate closely with PCANC to continue to promote child abuse prevention activities in April and throughout the entire fiscal year. Anticipated activities include:

- Statewide campaign and targeted outreach to public schools, child serving agencies, and the faith community to increase completion of the Recognizing and Responding to Child Maltreatment online course.
- Statewide media campaigns, including tools for NCDSS contractors, to change social norms around prevention and awareness about supports for parenting. Tools will be created so that they may be customized for local use.
- Child Abuse Prevention Month Campaign in April that includes distribution of Pinwheels for Prevention®, toolkits, social media, media relations, public presentations, and local coordination, as well as support for local agencies.
- Lead a year-long campaign to educate the public and NCDSS contractors to "drive prevention" through a Kids First license plate campaign to increase funding for the NC Children's Trust Fund.
- Maintain and update web-based resource centers on PCANC's website to inform the public about child maltreatment prevention resources, research, and strategies, including Protective Factors, NC's Safe Surrender Law, parent leadership, fatherhood and the importance of engaged fathers (Fatherhood Resource Center), child maltreatment data and statistics, evidence-based family-strengthening programs and implementation support, and child sexual abuse prevention.

XVI. AREAS FOR TECHNICAL ASSISTANCE

- **Describe any important contextual factors that may impact the ability of the CBCAP lead agency to implement their proposed plans for the upcoming year.**

Two important contextual factors that may impact NCDSS in implementing the proposed plans include enactment of North Carolina's House Bill 630/S.L. 2017-41 and the federal Family First Prevention and Services Act (FFPSA). Both pieces of legislation will inform direction for NCDSS' strategic investments in prevention policy, programs, and practices which may shift resource allocations outlined in this plan. As noted previously, House Bill 630 includes a plan to reform the State supervision and accountability for the social services system, including child welfare, adult protective services and guardianship, public assistance, and child support enforcement.

NCDHHS has contracted with the Center for the Support of Families to conduct a third-party evaluation of the child welfare system, including assessing and making recommendations for preventive and in-home services, trauma treatment, and the selection of a child welfare practice model. Similarly, FFPSA provides opportunity for NCDSS to leverage its existing expertise in evidence-based child maltreatment prevention and implementation support to inform its FFPSA prevention plans. While the impacts of these two reform efforts on the proposed CBCAP plan are unknown, NCDSS anticipates engaging Prevent Child Abuse North Carolina, The Duke Endowment, and its other prevention partners in new ways that will build upon its current work.

Once guidance is released from the Children’s Bureau on the approved evidence-based program and practices allowable under FFPSA, NCDSS may seek consultation from the FRIENDS National Center for Community-Based Child Abuse Prevention (FRIENDS) on how the CBCAP conceptual framework can inform title IV-E financing for front-end child maltreatment prevention efforts.

In addition to legislative reform efforts, NCDHHS’ Opioid Action Plan offers opportunity for deeper connections to primary and secondary prevention strategies using evidence-based and evidence-informed programs and practices. As noted earlier, there are multiple conversation entry points for prevention strategies in addressing the opioid epidemic including investments in primary prevention versus overdose death prevention. Prevention Science is a field with an extensive body of knowledge that shows greater effectiveness – when addressing substance use disorders across the lifespan – when services are risk and protective focused versus substance-specific. In this context, NCDSS may seek consultation from FRIENDS as to how its current primary and secondary prevention programs can be aligned with or integrated in the NCDHHS Opioid Action Plan.

Finally, NCDSS has identified technical assistance support needs with conducting a comprehensive assessment of unmet needs to be used to inform criteria for funding new prevention programs and activities. As noted in the plan, NCDSS assesses unmet needs in a variety of ways; however, a more robust assessment within and across other child and family serving agencies is needed to inform strategic prevention investments. Developing the capacity to conduct this type of assessment is especially critical given the changing landscape at the state and federal levels. NCDSS will engage the Capacity Building Center for States and FRIENDS in this technical assistance request.

XVII. CERTIFICATIONS

The Certification Regarding Lobbying and Disclosure of Lobbying Activities Forms are included as required.